SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A-Signature Complete items 1, 2, and 3. □ Agent Print your name and address on the reverse X so that we can return the card to you. ☐ Addressee B. Received by (Printed Name) Attach this card to the back of the mailpiece, C. Date of Delivery 3-9-73 or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: KHB LONESTAR LLC c/o Registered Agent Solutions, Inc. 4568 Mayfield Road, Suite 204 JLG-KAT Cleveland, Ohio 44121 3. Service Type ☐ Priority Mail Express® Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Signature Confirmation™ 9590 9402 7962 2305 6014 61 ☐ Signature Confirmation Collect on Delivery 2. Article Number (Transfer from service label) ☐ Collect on Delivery Restricted Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery 7021 1970 0000 0636 8608 PS Form 3811, July : **Jomestic Return Receipt**

